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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

FORM D

OMB Approval 3235-0078 OMB Number: Expires: November 30, 2001 Estimated average burden Nours per response . . . 15.00



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE CALY						
Prefix	Serts!					
DATER	ECENED					

Name of Offering (C) check if this is an amendment and same has changed, and indicate change.)	\$31, L.L.C
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	4(6) OK ULOE
Type of Filing: X Now Filing D Amendment	
A. BASIC IDENTIFICATION DATA	
1. Bater the information requested about the issuer	
Name of Lancer (C) check if this is an amendment and name has changed, and indicate change.)	S3I, L.L.C.
Address of Executive Offices (Number and Street, City, State, Zip Code) 715 RED RUN BOULEVARD, SUITE 100, OWINGS MILLS, MARYLAND, 21117	Tolephone Number (Including Area Code) 410-363-1401
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) SAME AS EXECUTIVE OFFICES	Talephone Number (Including Arms Code) SAME AS ABOVE
Type Best and The Components of the Components o	riber (ploase specify); limited liability compa
Actual or Estimated Date of Incorporation or Organization: Month Year	☐ Ø Actual □ Betirested
GENTRAL INSTRUCTIONS	
Foderal: Plan Man Flie: All issuers making an offering of occupities in retirace on an excomption under Regulation D or Si II d(S).	errion 4(6), 17 CFR 230-501 et seq. or 15 U.S.C.
From To File: A notice wast be filed as later than 15 days after the furnisals of securities in the offering. A not	ties in deeman filed with the U.S. Securifier and

Exchange Commission (SEC) on the carrier of the date it is received by the SEC at the address given below on, if received at that address after the date on which it is due, on the date it was matter by United Stress registered or certified mail to that address.

Where to File: U.S. Scamittee and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Fire (5) copies of this solice must be filed with the 82C, one of which must be mesually signed. Any copies on manually signed must be phonocopies of the manually signed suppy or bear typed or printed signatures.

Information Registrad: A new Ding must contain all information requested. Amendments need only report the name of the lawer and offering, say changes durent, the information requested in Part C, and my material changes from the information previously supplied in Part A and B. Part II and the Appendix mood not be filed

Pling Fee: There is so federal filing fee.

This senier shall be used to indicate relience on the Uniform Limited Offering Exemption (ULOE) for sales of scourings in those states that have adopted ULOE and the have adopted this form. Lenters relying on ULOE must file a separate cordes with the Scouring Administrator in each veste whose sales use to be, or have been made. If a sales requires the payment of a few as a preconsultion to the claim for the exemption, a few in the proper smooth shall accompany this form. This notice shall be filed in the appropriate waters in accordance with most law. The Appendix to the police constitute a part of this scales and must be completed.

ATTENTION

Failure to flie notice in the appropriate states will not result in a loss of the federal exemption. Convarealy, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless auch exemption is predicated on the filing of a federal notice.

s who are to respond to the soliection of information contained in this form are ed to respect unless the form displays a consently would CIVID-E control studies.

SEC 1972 (2-89) 1 of 8

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2 Ref			A.	BASIC IDEN	FIFICATIO	N DATA	_	
•	ter the information requirement of the Each beneficial own equity securities of the Each executive office and	e iesue er bav er sad	er, if the less ving the pow uce; I director of c	uer has been organiz eer to vote or dispose corporate issuers and	e, or direct the vo	ou or dispos iti		
Check	Each general and ma k Box(cs) that Apply:		Promoter	partnership issuers. Beneficial Or	wner Cl fixed	uzive Officer	D Director	D Granco i and/or
								Managing Partner
Full N	Venn (Lest name प्राप्त)	if indi	ازS (لعنطنه)	cott, Edward				
Busin	ess or Residence Addre	osta (N	umber and S	itroct, City, State, Zi	p Code) 10716 OWI	RED RUN BO	ULEVARD, SUI MARYLAND, 2	TE 100. 1117
Check	Box(es) that Apply:		Promoter	Beneficial Ov	voer O Exec	utive Officer	☐ Director	DGeneral and/or Managing Parties
Full N	inne (Last name विका	if indi	vidual) Sil	cott, David				
Busin	ess or Residence Addre	≈ (N	umber and S	itroct, City, State, Zi	^{p Code)} sam	e as Edw	ard Silcott	
Check	Bax(es) that Apply:	D	Promoter	Beneficial Ov	vacer D Exec	grive Officer	Director	☐General stad/or Managing Parms
Pall N	isma (Last manc first, i	if indi	vidual) ç	Silcott, Thoma	15			
Busin	em or Rasidence Addre	36 (N	umber and S	treet, City, State, Zi	p Code) sar	me as Ed	ward Silcot	it
Check	Box(ce) that Apply:		Promotor	Beneficial Ov	ner D Brac	utive Officer	☐ Director	General and/or Managing Partne
Pull N	iame (Last name first, i	if mdi	vidual)	Rampolla, Jo	seph			
			mber and S	creet, Cirv. Scate, Zi	o Code) sam	e as Edw	ard Silcott	
Busine	cas or Residence Addre	30 (M	EMILICA 2011 2	,,	3011		uid 0,1001.	
	cas or Residence Addre	(N)	Promoter	D Beneficial On		utive Officer	D Director	DGeneral and/or Managing Partner
Check		D	Promoter			·		
Check Pull N	Box(cs) that Apply:	D Kiedi	Promoter vidual)	□ Beneficia) (Pa	mer D Exec	·		
Chrck Pull N Busine	Box(cs) that Apply:	D Kiedi	Promoter vidual)	□ Beneficia) (Pa	p Code)	·		DiGeografi and/or Managing Partner DiGeografi and/or Managing Partner
Check Pull N Busine	s Box(cs) that Apply: sume (Last raume first, i	D If isdi	Promoter vidual) umber and S Promoter	D Beneficial Out	p Code)	utive Officer	Director	Managing Parme
Check Pull N Busine Check Fall N	Box(cs) that Apply: issue (Last resuc first, i cs: or Residence Addre Box(cs) that Apply:	Diffication (No.	Promoter vidual) umber and S Promoter vidual)	☐ Beneficial Outroot, City, State, Zin☐ Beneficial Ow	p Code)	utive Officer	Director	Managing Parmo

Business or Residence Address (Number and Street, City, State, Zip Code)

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B. INFORMATION ABOUT OFFERING		
	Ϋ́	No
1. Has the issuer sold or does the issuer termed to soll, to non-accredited investors in this offering?		Ø
Answer also in Appendix, Column 2, if filing under ULOE.	, 500	n
2. What is the minimum investment that will be occepted from any individual?	\$ 300	
3. Does the offering permit joint ownership of a single unit?	Yæ □	№ □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securides in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed an associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	. .	ımissions Paid
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	_	
(Check "All States" or check individual States)		
(IL) (IM) (IM) (IM) (IM) (IM) (IM) (IM) (IM		
(MT) [NE) (NV) (NH) (NJ) (MY) (NC) (ND) (OH) (OK) (OR) (PA)		
[RI] (SC] (SD) [TN) (TX) (UT) (VT) (VA) (WA) (WV) (NI) (WY) (PR)		
Poll Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States to Which Person Listed Has Solicited or Intends to Solicit Purchasers		Personal de
Chock "All States" or check individual States)	•	
[IL] (IN) (IA) (K5) (KY) (LA) (ME) (MD) (MA) (MI) (MD) (MS) (MO)		
[MT] [ME] [MV] (MH) [MJ] (MM) [MY] [MC] (MD) [OH] (OK] (OR] (PA)		
[RI] [SC] [SD] [TN] [TX) [UT] [VT] [VA) [WA] [WV] [WI] [HY] [PR]		
uli Name (Last name first, if individual)		
Business of Residence Address (Number and Street, City, State, Zip Code)		
Same of Associated Broker or Dealer		
Itales in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States)	:	
[IL] [MI] [MS] [MO] (MS] [MO] (MS] [MI] [MI] [MS] [MO] (MS] [MO] (MS] [MI] [MI] [MI] [MI] [MI] [MI] (MS] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI		
RI) (SC) (SD) (TM) (TX) (UT) (VT) (VA) (WA) (WV) (WI) (WY) (PR)		
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of accurities included in this offering and the total amount already sold. Enter "0" if sarrwer is "none" or "zero". If the transaction is an exchange offering, check this box D and indicate in the column below the amounts of the accurities of		
fered for exchange and already exchanged.		
Type of Security	Aggrega Offering P	rice Sold
Debt	\$	_ 5_0_
Equity	<u> </u>	\$
☐ Common	8000	000008
Convertible Securities (including warrants)	\$ 8000	000000
Parmership Interests. Other (Specify limited liability company membership	22000	\$ *
Total	\$	
Answer also in Appendix, Column 3, if filing under ULOE		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter '0' if answer is 'none' or "zero."		
	Number Investor	Dollar Amount
	5	o[Purchases 3000000
Accredited Investors		
Non-secredited Investors		
Total (for filings under Rule 504 only)		
Answer also in Appendix, Column 4, if filing under ULOE		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Type of	
Rule 505		<u> </u>
Regulation A,		<u> </u>
Rule 504		s
Tomi		S
. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuar. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, flurnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		<u> </u>
Printing and Engraving Costs	• • • • •	S
Legal Fees.		s <u>10000</u>
Accounting Fees		<u> </u>
Engineering Pres		5
Sales Commissions (Specify finder's fees separately)		
Other Expenses (identify)		J \$
Total		

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			THE REAL PROPERTY.
A AND DESTRICT OF	ICE, NUMBER OF INVESTO	IDS EXPENSES	AND USE OF PROCEEDS
L. UPPERUNG FR	ICE, HUMBER OF INTEGEN	AND PAR ELICED	(81.00 000 01 0100 000

b. Enter the difference between the aggregate offering price given in response to Part C-Questian I and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer.".......... 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the insucs set forth in response to Part C-Question 4.b. above. Paymonts to Officers. Directors, & Payments To Others Affiliates ____ 🗆 😘 ___ Acquisition of other businesses (including the value of socurities involved in this offering that may be used in exchange for the assets or occurries of emother issues Working capital....... s____ = s_<u>-3</u> Other (specify) _ _____....a \$_ D \$____ O \$_____ Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the

following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

Lenter (Print or Type)	Signaturo Deto	
53I, L.L.C.	2 10/10/02	
Name of Signer (Print or Type)	Title of Signer (Frint or Type)	

ATTENTION

Intentional misstatements or omissions of fact constitute federal griminal violations. (See 18 U.S.C. 1801.)

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E.	STA	TE S	IGN	ATC	RE	

I. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification Yes provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issues bereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the insum is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the evallability of this exemption has the burden of establishing that those conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has daily caused this notice to be signed on in behalf by the undersigned duly authorized person.

Teater (Print or Type)	Signature	
531, L.L.C.	E 10/10/02	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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APPENDIX

<u> </u>				71112						
I		2	3	 		4	 -		5	
	non-ac luves	to sell to cerediced ctors in tate 3-item 1)	Type of security and aggregate offering price offered in state (PartC-Item 1)	Type of investor and snooned purchased in State (Part C-Ytem 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-item 1)	
				Number of Accredited		Number of Nonaccredited			}	
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AL	<u> </u>									
AK					ļ					
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APPENDIX

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} ;	Intend	to sell			under State				
	1	to	Type of security					ULOE	
		credited.	and aggregate					ates	
		tors in	offering price	Type of investor and amound purchased in State			explans waiver g		
		-Item 1)	(PartC-Itom 1)	(Part C-Item 2)			(Part E		
					T	T			
	l			Number of		Number of			
State	Yes	No		Accredited lavestors	Amount	Nonaccredited Investors	Amount	Yes	No
MT	105	140		Idvertors	Amount	Investors	Amount		
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NV									
NH									
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